GERONTOLOGICAL NURSING CERTIFICATION (GERO-BC) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. **Interventions aimed at preventing disease before it occurs are known as which form of prevention?**

   A. Primary Prevention

   B. Secondary Prevention

   C. Tertiary Prevention

   D. Quaternary Prevention

2. **Which term describes discussion about treatment options and goals with patients?**

   A. MOLST/POLST

   B. GOC

   C. Barriers to Communication

   D. Self-Management Strategies

3. **Which pain assessment tools are commonly used across populations such as Numeric, FLACC, PAINAD, and FACES scales?**

   A. Surgical procedures only

   B. Numeric, FLACC, PAINAD, and FACES scales

   C. Education and goal setting

   D. Dietary changes only

4. **Which aphasia presents with nonfluent speech and relatively preserved comprehension?**

   A. Global aphasia

   B. Broca's aphasia

   C. Wernicke's aphasia

   D. Dysarthria

5. **Which term describes the remote delivery of health services via telecommunications technology?**

   A. Telehealth

   B. Telemetry

   C. Home health

   D. Disease management

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6. Which class of drugs is a non-steroidal anti-inflammatory drug used for pain relief?

A. Acetaminophen

B. Wound Care Management

C. NSAIDs

D. Opioids

7. Which regulation sets standards for monitoring restraint use in hospitals?

A. Katz Index ADL

B. Joint Commission Regulation

C. Nursing Home Reform Act

D. Timed UP & GO (TUG)

8. According to the nine elements criteria, Minor Depression is characterized by how many symptoms for at least 2 weeks?

A. Five or more symptoms

B. Fewer than 5 symptoms

C. Nine symptoms

D. Two symptoms

9. Which of the following is a consequence of malnutrition in older adults?

A. Increased risk for illness and poor wound healing.

B. Decreased risk for infection.

C. Enhanced immune response.

D. Faster wound healing.

10. Loss of <10 lbs in 6 months is listed as a warning sign of weight loss. Which option reflects this?

A. Loss of <10 lbs in 6 months

B. Loss of 15 lbs in 6 months

C. Gain of 5 lbs

D. No weight change

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Answers

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1. A
2. B
3. B
4. B
5. A
6. C
7. B
8. B
9. A
10. A

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Explanations

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1. Interventions aimed at preventing disease before it occurs are known as which form of prevention?

A. Primary Prevention

B. Secondary Prevention

C. Tertiary Prevention

D. Quaternary Prevention

Preventing disease before it occurs is called primary prevention. This approach aims to reduce incidence by addressing risks and boosting the body's defenses before any illness develops. Think of activities and strategies that keep people from getting sick in the first place: vaccines and immunizations to prevent infections, programs that promote healthy eating and regular physical activity to lower the risk of heart disease and diabetes, smoking cessation efforts to reduce cancer and COPD risk, and environmental or policy changes that minimize exposure to hazards. The key idea is stopping the disease process before it starts. In contrast, secondary prevention involves catching a disease early to prevent progression (such as screenings and early diagnoses), tertiary prevention focuses on reducing complications and disability once a disease is established (like rehabilitation after a stroke), and quaternary prevention aims to protect patients from unnecessary or overly aggressive medical interventions. Understanding these distinctions helps you recognize that the best answer for preventing disease before it occurs is primary prevention.

2. Which term describes discussion about treatment options and goals with patients?

A. MOLST/POLST

B. GOC

C. Barriers to Communication

D. Self-Management Strategies

Conversations about goals of care involve discussing treatment options, prognosis, and what the patient hopes to achieve with care. This process centers on understanding the patient's values and preferences and uses that understanding to shape decisions about which interventions to pursue, modify, or forego. These discussions help determine whether the care plan should aim for life prolongation, preservation of function, or comfort, and they guide decisions should the patient's condition change or the ability to speak for oneself be compromised. Tools like MOLST/POLST document choices about specific life-sustaining treatments, but they come from goals-of-care discussions rather than describing the discussion itself. Barriers to communication refer to obstacles that make these talks harder, such as assumptions, time constraints, or unfamiliar terminology. Self-management strategies focus on how patients manage their conditions daily, not on negotiating care goals with clinicians.

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3. Which pain assessment tools are commonly used across populations such as Numeric, FLACC, PAINAD, and FACES scales?

A. Surgical procedures only

B. Numeric, FLACC, PAINAD, and FACES scales

C. Education and goal setting

D. Dietary changes only

Understanding pain across diverse patients relies on standardized tools that fit different ways people communicate. Numeric is a self-report scale where a patient rates their pain from 0 to 10, which works well for adults who can express their experience. FLACC observes five behavior categories—faces, legs, activity, cry, and consolability—to estimate pain in nonverbal individuals and young children, or anyone who can't reliably communicate. PAINAD is specifically designed for people with advanced dementia or cognitive impairment, scoring breathing, vocalization, facial expression, body language, and consolability. The FACES scale uses facial expressions to help patients indicate pain intensity, which is helpful for children and others who respond better to visual cues. Together, these tools cover verbal adults, nonverbal individuals, those with dementia, and those who prefer visual representations, making them commonly used across populations. Other options don't function as pain assessment tools, so they don't fit the question.

4. Which aphasia presents with nonfluent speech and relatively preserved comprehension?

A. Global aphasia

B. Broca's aphasia

C. Wernicke's aphasia

D. Dysarthria

Nonfluent, effortful speech with relatively preserved comprehension is characteristic of Broca's aphasia. This pattern happens when damage to the left frontal language area (Broca's region) disrupts speech production but leaves understanding largely intact. Speech tends to be short, telegraphic, and labored, with grammar and word-finding difficulties, while the person can usually follow simple instructions and understand basic meaning. Repetition is often impaired as well because producing language is the challenged skill in this type. In this scenario, the spared comprehension helps distinguish it from other aphasias: global aphasia involves severe deficits in both expression and comprehension across all modalities; Wernicke's aphasia produces fluent but nonsensical speech with poor comprehension; dysarthria is a motor speech disorder where speech is slurred or distorted, with language abilities typically intact.

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5. Which term describes the remote delivery of health services via telecommunications technology?

A. Telehealth

B. Telemetry

C. Home health

D. Disease management

Remote delivery of health services via telecommunications technology is telehealth. It includes real-time interactions like virtual visits and audio/visual consultations, as well as store-and-forward communications and remote patient monitoring where data from home devices are shared with clinicians. This enables assessment, advice, and management of care without in-person visits, boosting access for older adults who may have mobility or transportation challenges. Teleport data transmission, or telemetry, focuses on collecting and sending physiological data for monitoring rather than delivering care itself. Home health refers to skilled care delivered in the patient's home, typically through in-person visits rather than remote communication. Disease management is a program approach to coordinating and guiding care for chronic conditions, which can be supported by telehealth but is not defined as remote health service delivery.

6. Which class of drugs is a non-steroidal anti-inflammatory drug used for pain relief?

A. Acetaminophen

B. Wound Care Management

C. NSAIDs

D. Opioids

Non-steroidal anti-inflammatory drugs are a group of medications that relieve pain by dampening inflammation. They work by inhibiting enzymes called cyclooxygenases (COX-1 and COX-2), which reduces the production of prostaglandins that drive inflammation, swelling, and pain. Because of this mechanism, NSAIDs are especially useful for musculoskeletal pain where inflammation is present, such as osteoarthritis or tendinitis, and they also have fever-reducing and mild analgesic effects. In older adults, using NSAIDs requires caution due to potential side effects. They can irritate the stomach lining and interact with other medications, increasing the risk of gastrointestinal bleeding, kidney impairment, and high blood pressure or fluid retention. Because of these risks, clinicians often aim for the lowest effective dose for the shortest duration, and may prefer acetaminophen for baseline pain in some older patients or use NSAIDs with appropriate monitoring and protective strategies when inflammation is a major component of pain. Examples of NSAIDs include ibuprofen, naproxen, aspirin, and selective COX-2 inhibitors like celecoxib.

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7. Which regulation sets standards for monitoring restraint use in hospitals?

A. Katz Index ADL

B. Joint Commission Regulation

C. Nursing Home Reform Act

D. Timed UP & GO (TUG)

Monitoring restraint use in hospitals is guided by standards set by the Joint Commission Regulation. The Joint Commission is the primary accrediting body for U.S. hospitals, and its standards require hospitals to have clear policies on restraint use, obtain appropriate orders, assess each patient's need, use the least restrictive option, and continuously monitor and document restraint use with ongoing reassessment and staff training. This framework ensures patient safety and accountability in acute care settings. The Katz Index ADL is a tool for evaluating functional independence, not a regulatory standard for restraints. The Nursing Home Reform Act applies to long-term care facilities, not hospitals. The Timed Up & Go is a mobility screening tool, not a regulation.

8. According to the nine elements criteria, Minor Depression is characterized by how many symptoms for at least 2 weeks?

A. Five or more symptoms

B. Fewer than 5 symptoms

C. Nine symptoms

D. Two symptoms

The main idea is how many depressive symptoms are needed over a two-week period to define the disorder's severity. In the nine-symptom framework used for depressive disorders, a major depressive episode requires five or more symptoms for at least two weeks, with at least one being depressed mood or anhedonia. When there are fewer than five symptoms for at least two weeks, the presentation is considered minor (subthreshold) depression rather than major. The nine symptoms include: depressed mood; loss of interest or pleasure (anhedonia); significant changes in appetite or weight; sleep disturbance (insomnia or hypersomnia); psychomotor agitation or retardation; fatigue or loss of energy; feelings of worthlessness or excessive guilt; diminished ability to think or concentrate; and recurrent thoughts of death or suicidal ideation. So minor depression is characterized by a subset of these symptoms, fewer than five, persisting for at least two weeks. The option suggesting five or more symptoms would meet criteria for major depression, while nine symptoms would exceed the threshold, and two symptoms are not enough to meet the minimum for a depressive episode.

9. Which of the following is a consequence of malnutrition in older adults?

A. Increased risk for illness and poor wound healing.

B. Decreased risk for infection.

C. Enhanced immune response.

D. Faster wound healing.

Malnutrition in older adults undermines both immune defenses and tissue repair, so illness becomes more likely and wounds heal more slowly. When protein and essential micronutrients are lacking, the body has fewer resources to fight infections, impairing immune cell function and increasing susceptibility to illnesses. Protein-energy malnutrition also reduces collagen production and skin integrity, delays wound granulation, and slows overall healing. In the elderly, these effects are magnified by chronic diseases and reduced physiological reserves. Therefore, the prominent consequence is an increased risk for illness and poor wound healing. Malnutrition does not lower infection risk, enhance immune response, or speed healing.

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10. Loss of <10 lbs in 6 months is listed as a warning sign of weight loss. Which option reflects this?

A. Loss of <10 lbs in 6 months

B. Loss of 15 lbs in 6 months

C. Gain of 5 lbs

D. No weight change

Unintentional weight loss in older adults is a red flag that prompts a closer look for potential problems such as malnutrition, chronic illness, medication effects, or decreased intake. In many geriatric assessments, a small, unexplained loss—specifically less than 10 pounds over six months—is listed as a warning sign to trigger further evaluation. This threshold is useful because it can indicate early issues before more drastic weight loss occurs, and it reflects changes that can have meaningful effects on health and function in older adults. So the statement that describes losing less than 10 pounds in six months matches this warning sign exactly. Losing 15 pounds in six months is also concerning but represents a larger loss beyond the stated threshold, while gaining weight or having no weight change does not represent weight loss.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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